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| <p><small>Effective on 12/08/2004.<br/>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010).</small></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>   |                             | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/734,352-Conf. #3575</td> </tr> <tr> <td>Filing Date</td> <td>December 11, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Jukka SALONEN</td> </tr> <tr> <td>Examiner Name</td> <td>S. S. Saliard</td> </tr> <tr> <td>Art Unit</td> <td>3628</td> </tr> <tr> <td>Attorney Docket No.</td> <td>0365-0638PUS1</td> </tr> </table> |                  | Application Number    | 10/734,352-Conf. #3575      | Filing Date                                      | December 11, 2003                       | First Named Inventor | Jukka SALONEN    | Examiner Name                                      | S. S. Saliard                                    | Art Unit | 3628                      | Attorney Docket No. | 0365-0638PUS1         |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
|--|-----------------------------|--|------------------|-----------------------|-----------------------------|--|---|----------------------|------------------|--|--|----------|---------------------------|---------------------|-----------------------|----------|-----------------------|---------|-----|-----|-----|-----|-----|-----|--|--------|-----|-----|-----|----|-----|----|--|-------|-----|-----|-----|-----|-----|----|--|---------|-----|-----|-----|-----|-----|-----|--|-------------|-----|-----|---|---|---|---|--|
| Application Number   | 10/734,352-Conf. #3575      |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Filing Date  | December 11, 2003           |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| First Named Inventor   | Jukka SALONEN               |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Examiner Name  | S. S. Saliard               |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Art Unit   | 3628                        |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Attorney Docket No.  | 0365-0638PUS1               |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| <p><b>TOTAL AMOUNT OF PAYMENT</b>      <b>(\$)</b> 1,110.00</p>  |                             |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| <p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input type="checkbox"/> Check                <input type="checkbox"/> Credit Card                <input type="checkbox"/> Money Order                <input type="checkbox"/> None                <input type="checkbox"/> Other (please identify): _____           </p> <p> <input checked="" type="checkbox"/> Deposit Account                Deposit Account Number: <u>02-2448</u>                Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u> </p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below                <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee           </p> <p> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                <input checked="" type="checkbox"/> Credit any overpayments           </p>  |                             |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| <p><b>FEE CALCULATION</b></p>  |                             |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| <p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>220</td> <td>110</td> <td></td> </tr> <tr> <td>Design</td> <td>220</td> <td>110</td> <td>100</td> <td>50</td> <td>140</td> <td>70</td> <td></td> </tr> <tr> <td>Plant</td> <td>220</td> <td>110</td> <td>330</td> <td>165</td> <td>170</td> <td>85</td> <td></td> </tr> <tr> <td>Reissue</td> <td>330</td> <td>165</td> <td>540</td> <td>270</td> <td>650</td> <td>325</td> <td></td> </tr> <tr> <td>Provisional</td> <td>220</td> <td>110</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table> |                             |  |                  | Application Type      | FILING FEES                 |  | SEARCH FEES                             |                      | EXAMINATION FEES |  | Fees Paid (\$)                                   | Fee (\$) | Small Entity Fee (\$)     | Fee (\$)            | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Utility | 330 | 165 | 540 | 270 | 220 | 110 |  | Design | 220 | 110 | 100 | 50 | 140 | 70 |  | Plant | 220 | 110 | 330 | 165 | 170 | 85 |  | Reissue | 330 | 165 | 540 | 270 | 650 | 325 |  | Provisional | 220 | 110 | 0 | 0 | 0 | 0 |  |
| Application Type   | FILING FEES                 |  | SEARCH FEES      |                       | EXAMINATION FEES            |  | Fees Paid (\$)                          |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
|  | Fee (\$)                    | Small Entity Fee (\$)  | Fee (\$)         | Small Entity Fee (\$) | Fee (\$)                    | Small Entity Fee (\$)                            |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Utility  | 330                         | 165  | 540              | 270                   | 220                         | 110  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Design   | 220                         | 110  | 100              | 50                    | 140                         | 70   |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Plant  | 220                         | 110  | 330              | 165                   | 170                         | 85   |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Reissue  | 330                         | 165  | 540              | 270                   | 650                         | 325  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Provisional  | 220                         | 110  | 0                | 0                     | 0                           | 0  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| <p><b>2. EXCESS CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Description</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td>52</td> <td>26</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>220</td> <td>110</td> </tr> <tr> <td>Multiple dependent claims</td> <td>390</td> <td>195</td> </tr> </tbody> </table> <p> <b>Total Claims</b>    <b>Extra Claims</b>    <b>Fee (\$)</b>    <b>Fee Paid (\$)</b>    <b>Multiple Dependent Claims</b><br/>       4    - 20 or HP    0    x 52.00    =    0.00    <b>Fee (\$)</b>    <b>Fee Paid (\$)</b> </p> <p>HP = highest number of total claims paid for, if greater than 20.</p> <p> <b>Indep. Claims</b>    <b>Extra Claims</b>    <b>Fee (\$)</b>    <b>Fee Paid (\$)</b><br/>       2    - 3 or HP    0    x 220.00    =    0.00     </p> <p>HP = highest number of independent claims paid for, if greater than 3.</p>  |                             |  |                  | Fee Description       | Fee (\$)                    | Small Entity Fee (\$)                            | Each claim over 20 (including Reissues) | 52                   | 26               | Each independent claim over 3 (including Reissues) | 220  | 110      | Multiple dependent claims | 390                 | 195                   |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Fee Description  | Fee (\$)                    | Small Entity Fee (\$)  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Each claim over 20 (including Reissues)  | 52                          | 26   |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Each independent claim over 3 (including Reissues)   | 220                         | 110  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Multiple dependent claims  | 390                         | 195  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| <p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(s)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>- 100 = _____</td> <td>/50 = _____ (round up to a whole number) x _____</td> <td></td> <td></td> </tr> </tbody> </table>  |                             |  |                  | Total Sheets          | Extra Sheets                | Number of each additional 50 or fraction thereof | Fee (\$)                                | Fee Paid (\$)        | _____            | - 100 = _____                                      | /50 = _____ (round up to a whole number) x _____ |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Total Sheets   | Extra Sheets                | Number of each additional 50 or fraction thereof   | Fee (\$)         | Fee Paid (\$)         |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| _____  | - 100 = _____               | /50 = _____ (round up to a whole number) x _____   |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| <p><b>4. OTHER FEE(S)</b></p> <p>Non-English Specification, \$130 fee (no small entity discount)</p> <p>Other (e.g., late filing surcharge): 1253 Extension for response within third month      1,110.00</p>  |                             |  |                  |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| <p><b>SUBMITTED BY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Signature</td> <td><i>Jerry Caudle #46,607</i></td> <td>Registration No. (Attorney/Agent)</td> <td>29,680</td> <td>Telephone</td> <td>(703) 205-8000</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Michael K. Mutter</td> <td>Date</td> <td colspan="3">February 5, 2009</td> </tr> </table>   |                             |  |                  | Signature             | <i>Jerry Caudle #46,607</i> | Registration No. (Attorney/Agent)                | 29,680                                  | Telephone            | (703) 205-8000   | Name (Print/Type)                                  | Michael K. Mutter                                | Date     | February 5, 2009          |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Signature  | <i>Jerry Caudle #46,607</i> | Registration No. (Attorney/Agent)  | 29,680           | Telephone             | (703) 205-8000              |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |
| Name (Print/Type)  | Michael K. Mutter           | Date   | February 5, 2009 |                       |                             |  |   |                      |                  |  |  |          |                           |                     |                       |          |                       |         |     |     |     |     |     |     |  |        |     |     |     |    |     |    |  |       |     |     |     |     |     |    |  |         |     |     |     |     |     |     |  |             |     |     |   |   |   |   |  |